## 2011 MONTHLY PREMIUMS FOR FULL-TIME EMPLOYEES

Contribution Contribution

\$3.95

\$16.09

\$4.35

\$6.79

Premium

\$8.30

\$22.88

Single

Family

## **2010 PRESENT RATES**

		CHOICE DDG	) PLAN (80/20)			20101 KLOL	MINAILO
	Total Monthly	City Monthly	Employee	Per	<b>Total Yearly Premium</b>	Employee	Per
	Premium	Contribution		Paycheck*	Cost to Employee	Contribution	
Single	\$429.00	\$368.00	\$61.00	\$30.50	\$732.00	\$30.50	\$15.25
Family	\$1,217.00	\$1,001.00	\$216.00	\$108.00	\$2,592.00	\$168.00	\$84.00
Tallilly	. ,		-	ψ100.00	ΨΖ,332.00	Ψ100.00	Ψ04.00
CHOICE PLUS PLAN (90/10)  Total Monthly City Monthly Employee Per Total Yearly Premium Employee Per							
	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium  Cost to Employee	<b>Employee Contribution</b>	
Cingle	\$763.00	\$368.00	\$395.00	\$197.50	\$4,740.00	\$225.50	\$112.75
Single	\$1,819.00	\$1,001.00	\$395.00 \$818.00	\$409.00	\$9,816.00	\$578.00	\$289.00
Family	\$1,019.00			<b>\$409.00</b>	\$9,616.00	\$376.00	\$209.00
COPAY CHOICE PLAN							
	Total Monthly	City Monthly	Employee	Per	Total Yearly Premium	Employee	Per
0: 1	Premium	Contribution		Paycheck*	Cost to Employee	Contribution	Paycheck*
Single	\$480.00	\$368.00	\$112.00	\$56.00	\$1,344.00	\$80.50	\$40.25
Family	\$1,391.00	\$1,001.00	\$390.00	\$195.00	\$4,680.00	\$328.00	\$164.00
BASIC CHOICE PLAN (50/50)							
	Total Monthly	City Monthly		Per	Total Yearly Premium	Employee	Per
	Premium	Contribution	Contribution	Paycheck*	Cost to Employee	Contribution	Paycheck*
Single	\$368.00	\$368.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$1,001.00	\$1,001.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL CHOICE PLAN							
	<b>Total Monthly</b>	City Monthly		Per	<b>Total Yearly Premium</b>	Employee	Per
	Premium	Contribution	Contribution	Paycheck*	Cost to Employee	Contribution	Paycheck*
Single	\$95.00	\$85.50	\$9.50	\$4.75	\$114.00	\$9.50	\$4.75
Family	\$170.00	\$136.00	\$34.00	\$17.00	\$408.00	\$34.00	\$17.00
DENTAL CHOICE PLUS PLAN							
	<b>Total Monthly</b>	<b>City Monthly</b>	Employee	Per	<b>Total Yearly Premium</b>	Employee	Per
	Premium	Contribution	Contribution	Paycheck*	Cost to Employee	Contribution	Paycheck*
Single	\$110.00	\$85.50	\$24.50	\$12.25	\$294.00	\$24.50	\$12.25
Family	\$250.00	\$136.00	\$114.00	\$57.00	\$1,368.00	\$114.00	\$57.00
PREVENTATIVE CHOICE PLAN							
	<b>Total Monthly</b>	<b>City Monthly</b>	Employee	Per	<b>Total Yearly Premium</b>	Employee	Per
	Premium	Contribution		Paycheck*	Cost to Employee	Contribution	
Single	\$85.50	\$85.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$142.00	\$136.00	\$6.00	\$3.00	\$72.00	\$6.00	\$3.00
BASIC VISION PLAN							
	<b>Total Monthly</b>	City Monthly		Per	<b>Total Yearly Premium</b>	Employee	Per
	Premium	Contribution		Paycheck	Cost to Employee	Contribution	Paycheck
Single	\$4.86	\$4.35	\$0.51	\$0.26	\$6.12	\$0.51	\$0.26
Family	\$13.42	\$6.79	\$6.63	\$3.32	\$79.56	\$6.63	\$3.32
VISION PLUS PLAN							
	<b>Total Monthly</b>			Per	<b>Total Yearly Premium</b>	Employee	Per
	Dramium	Contribution	Contribution	Dovebast	Cost to Employee	Contribution	Develope

Paycheck

\$1.98

\$8.05

Cost to Employee

\$47.40

\$193.08

Contribution

\$3.95

\$16.09

**Paycheck** 

\$1.98

\$8.05